REDBUD RCH
REDBUD COMMUNITY HOSPITAL

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July 10, 1995

Health Policy and Planning Division
Office of Statewide Health Planning and Development
1600 9th Street
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Sacramento, CA 95814

RE: California Hospital Outcomes Report
Redbud Community Hospital Report

Preliminary data for risk adjusted measures of outcome for our facility has been reviewed.

We have identified an error in the data for vaginal deliveries. The outcome for deliveries is stated as "postpartum admission within six weeks (READMIT)." Of the 277 vaginal delivery cases reviewed for our facility, one was reported as having this adverse outcome by OSHPD. Review of the case indicates the following:

1. The patient was admitted on October 29, 1991, for an antepartum condition. The ICD-9-CM codes were correctly assigned to indicate the presence of an antepartum condition.

2. The patient was admitted on December 28, 1991, for delivery. The ICD-9-CM codes recorded accurately reflect the reason for admission as delivery.

3. The patient's readmission in December 1991 was not caused by a postpartum condition.

4. The patient's readmission in December 1991 occurred 8 weeks after her previous stay.

5. Therefore, no vaginal delivery cases contained in the sample for Redbud Community Hospital experienced the adverse outcome identified by OSHPD.

For the acute myocardial infarction study undertaken by OSHPD, the outcome was identified as "in-hospital death within 30 days of admission (MORTAL30)". Thirteen of the 97 cases studied for this facility sustained the identified outcome. Review of the records indicates that 2 of the 13 cases were mortalities that occurred at transfer facilities. Patients who require a more specialized

level of care than can be provided at this facility are transferred. Patients with a diagnosis of acute myocardial infarction who require CABG, PTCA, etc. are routinely transferred since those procedures cannot be performed at this facility. It is our feeling that post transfer deaths should not be credited to the original hospital. Complications which arose after transfer may have contributed to the death of the patient. The outcomes study cannot accurately differentiate between pre-transfer complications versus post-transfer complications. Increasing severity of the patient's illness resulted in transfer. Since post-transfer intervention is of a high risk nature it can be concluded that the patient would be more prone to complications post-transfer rather than pre-transfer.

In general, we feel that the premise of the studies being undertaken by OSHPD is valid. However, the data that is being reviewed is too old to be useful for education and improvement.

Sincerely,

Margaret Ward
Acting Chief Executive Officer

Richard Furtado, M.D.
Medical Chief of Staff